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CONFIRMATION NO. 3232

<b>SERIAL NUMBER</b> 10/714,592	<b>FILING OR 371(c) DATE</b> 11/14/2003 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2157	<b>ATTORNEY DOCKET NO.</b> 812-2 CIP/CON II/CIP
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**APPLICANTS**  
 Jackson Lum, Roslyn, NY: *yes* *AS*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/323,083 12/19/2002 ABN which is a CON of 09/922,630 08/06/2001 ABN which is a CON of 09/079,962 05/15/1998 PAT 6,272,529 which is a CIP of 08/899,290 07/23/1997 PAT 5,895,452 which is a CON of 08/350,587 12/06/1994 ABN which is a CON of 08/011,461 01/26/1993 ABN \*  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *NO* *AS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 02/17/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
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Verified and Acknowledged *[Signature]* *AS*  
 Examiner's Signature Initials

**ADDRESS**  
 23869

**TITLE**  
 Point-of-sale system and distributed computer network for same

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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